Virginia Commonwealth University

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Enhancing the Capacity of Virginia's Existing Primary Care Workforce

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Presentation, Governor's Health Reform Initiative Capacity Taskforce

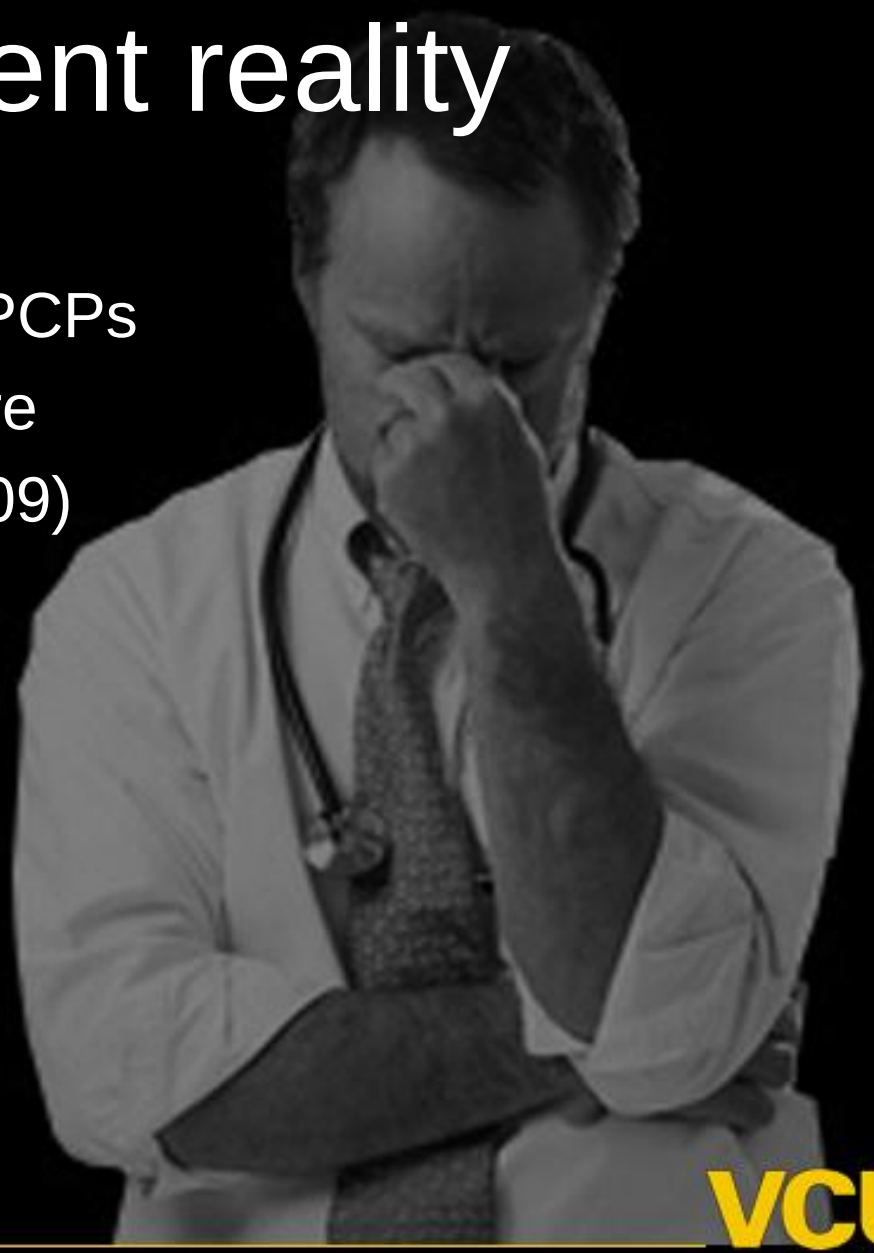
November 16, 2010

Lots of attention to PCMH!

- National Business Coalition on Health
- Patient Centered Primary Care Collaborative
- President Obama
- Congress
- AAFP – TransforMed
- ACP, AAP, AOA
- National Committee for Quality Assurance

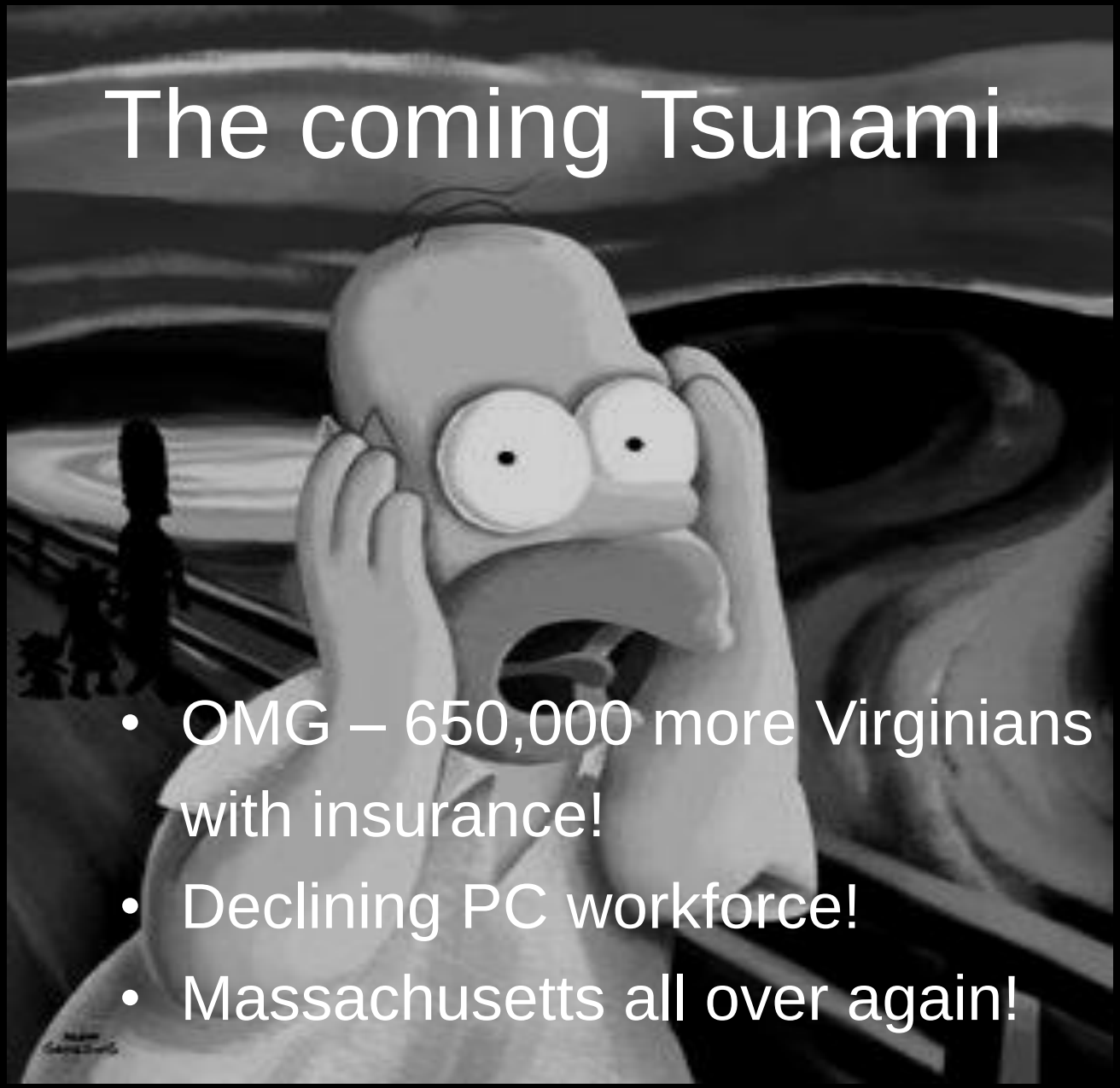
The current reality

- Overworked, underpaid PCPs
- About 1% of practices are at level 3 PCMH status (2009)
- No idea of how to get to an idealized model without special financing



Hamster wheel medicine

The coming Tsunami



- OMG – 650,000 more Virginians with insurance!
- Declining PC workforce!
- Massachusetts all over again!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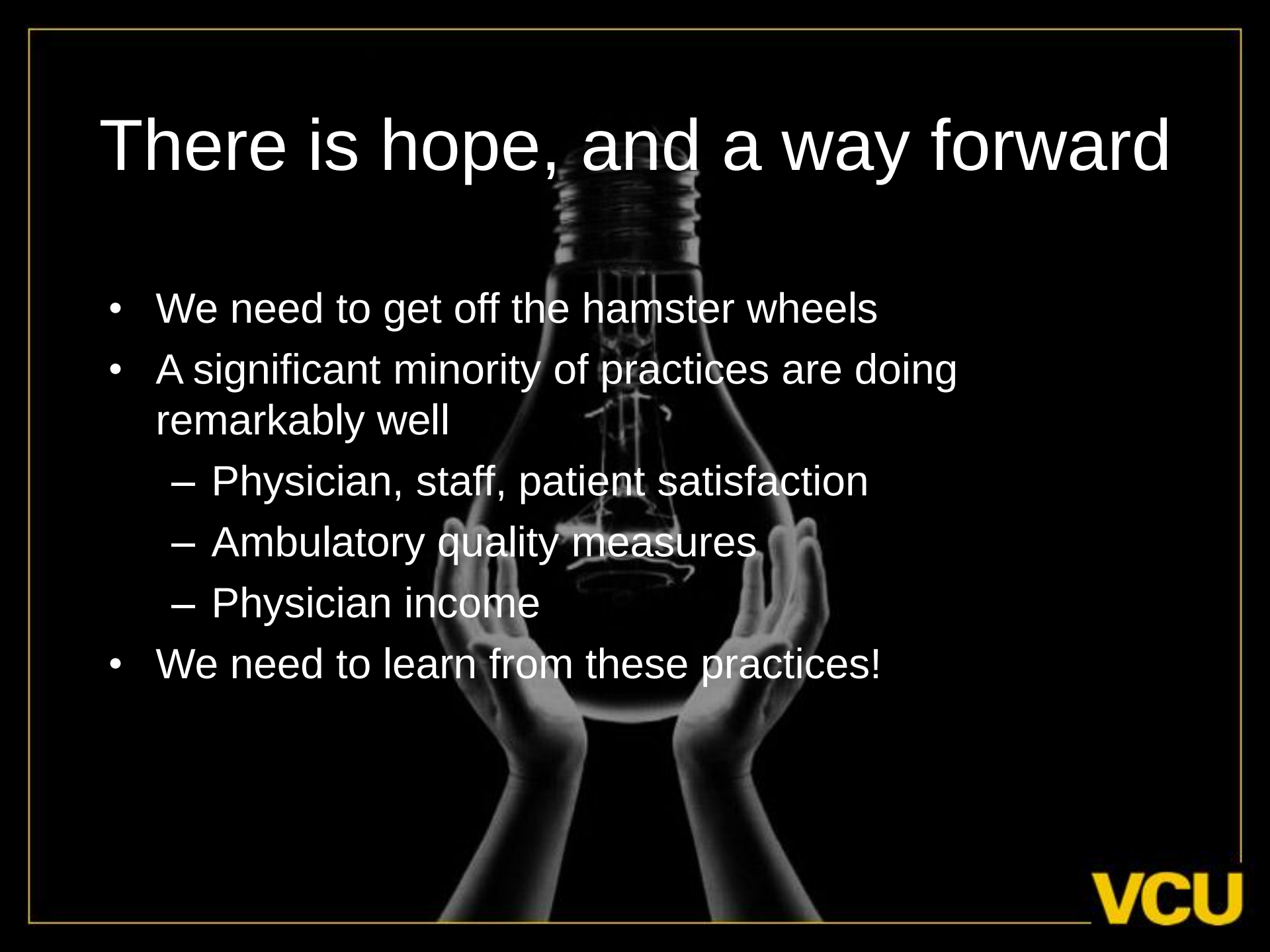
There is hope, and a way forward



- We need to get off the hamster wheels
- A significant minority of practices are doing remarkably well
  - Physician, staff, patient satisfaction
  - Ambulatory quality measures
  - Physician income
- We need to learn from these practices!

Step 1: Documentation and coding

- Stop leaving money on the table
- 28% of FM established patient codes are level 4
- 60+% of FM established patient codes could/should be level 4
- Using Medicare payment rates, this would generate about $50,000 per year per physician in extra income (more if average payment exceeds Medicare rates)
- Little/no extra work/time from physician
- Why not? Don’t know how, or afraid of audit
- Coding from the bottom up; memorize 99214
- This is low hanging fruit!

Step 2: Add staff, with a purpose

- Clinicians are the ones generating income
- Clinicians should not be doing things that don't require their expertise
- Nurses, other staff should take non-clinician work AWAY from the physicians
- All people working to the top of their license
- Systematic attention to prevention, CDM
- Adds capacity (10-20% or more), increases quality, creates opportunity for increased income

Step 3: Rapid access scheduling

- Requires information system to know panel sizes
- Balance supply and demand
- Choose easier ways of working down the backlog
- Improves continuity, which supports coding to higher levels of care
- Do today’s work today
- Patients love it
- Can add capacity (about 10%)

Key enablers

- Overcoming obstacles
  to documentation, coding
- Office culture:
  getting relationships right
- Getting political support to
  reduce risk of pushback from payers (PC spend could go from 5% to 6-7%)
- Creating and sustaining “communities of practice” – helping one another solve shared problems